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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Joffe, Alexander; Vyshetsky, Dmitry
Assignee: MMC Networks, Inc.
Title: SYSTEMS AND METHODS FOR MULTI-TASKING, RESOURCE SHARING AND EXECUTION OF COMPUTER INSTRUCTIONS
Serial No.: 09/458,551 Filed: 12/09/99
Examiner: Not Yet Assigned Group Art Unit: 2739
Docket No.: M-5648-1D US

San Jose, California
February 17, 2000
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ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

Attention: Application Processing Division, Customer Correction Branch

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Applicants hereby request the Assistant Commissioner For Patents to correct the

Official Filing Receipt for the above-identified patent application as follows:

- ☐ 1. Correct the Filing Date
- ☒ 2. Correct Inventor Name
- ☒ 3. Correct Title
- ☐ 4. Correct information referencing related case
- ☐ 5. Correct Attorney Docket Number
- ☐ 6. Other: _____

This Request is submitted for the following reasons:

Spelling of Inventor's Name: The second-named inventor's first name is misspelled.

Should be DMITRY.

In the Title: A comma is missing in the title between the words MULTI-TASKING and RESOURCE.

Because this was not an error on the part of Applicants, Applicants believe no fee is required.

Attached is a copy of the Filing Receipt having the above errors and the changes noted thereon, as well as copies of the Declaration and Transmittal Letter. Therefore, it is respectfully requested that a corrected Filing Receipt be issued.

If this action does not lead to issuance of a corrected Official Filing Receipt as requested, please contact the undersigned at (408) 453-9200.

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: ASSISTANT COMMISSIONER FOR PATENTS, Washington, D.C. 20231, on Feb. 17, 2000.

Michael Shenker 2-17-00

Attorney for Applicant(s)

Date of Signature

Respectfully submitted,

Michael Shenker

Michael Shenker
Attorney for Applicant(s)
Reg. No. 34,250

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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/458,551	FILING DATE 12/09/1999 RULE -	CLASS 370 718	GROUP ART UNIT 2739 2127	ATTORNEY DOCKET NO. M-5648-ID-US
APPLICANTS ALEXANDER JOFFE, PALO ALTO, CA ; DMITRY VYSHETSKY, CUPERTINO, CA ;				
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/055,033 04/03/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/28/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 19
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Michael Shenker</i> Initials: <i>MS</i>				
ADDRESS MICHAEL SHENKER SKJERVEN MORRILL MACPHERSON FRANKLIN & FRIEL LLP 25 METRO DRIVE SUITE 700 SAN JOSE, CA 95110				
TITLE SYSTEMS AND METHODS FOR MULTI-TASKING, RESOURCE SHARING AND EXECUTION OF COMPUTER INSTRUCTIONS				
FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees
				<input type="checkbox"/> 1.16 Fees (Filing)
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
				<input type="checkbox"/> 1.18 Fees (Issue)
				<input type="checkbox"/> Other _____
				<input type="checkbox"/> Credit

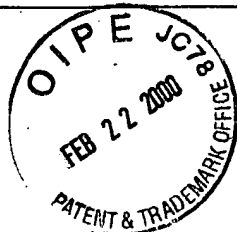
FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
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Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT. CL	IND. CL
09/458,551	12/09/99	2739	\$1,072.00	M-5648-ID-US	15	19	7

MICHAEL SHENKER
SKJERVEN MORRILL MACPHERSON
FRANKLIN & FRIEL LLP
25 METRO DRIVE SUITE 700
SAN JOSE CA 95110



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ALEXANDER JOFFE, PALO ALTO, CA; DITRY VYSHETSKY, CUPERTINO, CA.

CONTINUING DATA AS CLAIMED BY APPLICANT-
THIS APPLN IS A DIV OF 09/055,033 04/03/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00
TITLE
SYSTEMS AND METHODS FOR MULTI-TASKING, RESOURCE SHARING, AND
EXECUTION OF COMPUTER INSTRUCTIONS

PRELIMINARY CLASS: 370

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↑ please insert comma

DATA ENTRY BY: HARDY, EUGENIA

TEAM: 03 DATE: 01/28/00

(See reverse for new important information)



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	M-5648-1D US
	First Named Inventor or Application Identifier	Alexander Joffe
	Title	Systems And Methods For Multi-Tasking, Resource Sharing And Execution Of Computer Instructions
	Express Mail Label No.	EL 375514489 US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> <small>(Submit an original, and a duplicate for fee processing)</small> 2. Application: <input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling 75 pages) Appendix(ces) ____, ____, & __ (____ pages) <input checked="" type="checkbox"/> Claims <u>7</u> pages <input checked="" type="checkbox"/> Abstract of the Disclosure <u>1</u> page 3. <input checked="" type="checkbox"/> Drawings (35 USC 113) [Total Sheets <u>15</u>] 4. Oath or Declaration <input type="checkbox"/> unsigned [Total Pages <u>2</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> DELETION OF INVENTOR Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of ____ pages of microfiche containing ____ frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS: 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) ____ pages 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (combined when there is an ____ with Patent Declaration Assignee) above.) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> ____ Copies of IDS Statement (IDS) & <input checked="" type="checkbox"/> PTO-1449 <input type="checkbox"/> Citations/References References not included; Cited in Parent Application SN 09/055,033 12. <input checked="" type="checkbox"/> Preliminary Amendment <u>1</u> page 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input checked="" type="checkbox"/> Is no longer claimed. 15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed) 16. <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Petition for Extension of Time filed in parent appln.; <input type="checkbox"/>

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment:
☐ Continuation ☒ Divisional of prior application No. 09/055,033
 Filed on April 3, 1998, entitled: Systems and Methods for Multi-Tasking, Resource Sharing and Execution of Computer Instructions.

PRIOR APPLICATION INFORMATION: Examiner: Y. Cherubin

Group Art Unit: 2755

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
Name	Michael Shenker	Reg. No. 34,250	
Attorneys for Applicant	SKJERVEN, MORRILL, MacPHERSON, FRANKLIN & FRIEL LLP		
Address	25 Metro Drive, Suite 700		
City	San Jose	State	CA
Zip Code	95110		
Country:	United States	Telephone	(408) 453-9200
		Fax	(408) 453-7979



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
19	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	0	x	\$18	=	\$ 0.00
7	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	4	x	\$78	=	\$ 312.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))				+	\$260.00	=	
						BASIC FEE (37 CFR 1.16(a))	=	\$ 760.00
						Total of above Calculations	=	\$312.00
						Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=	\$ 0.00
						TOTAL	=	\$ 1,072.00

20. **FEES:** The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. **19-2386**:

- a. ☒ Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
- b. ☒ Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
- c. ☐ Fees required under 37 CFR 1.18. (Patent Issue Fees)

21. ☐ Other: _____

NOTE:

The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label		New correspondence address below			
NAME					
ADDRESS					
CITY	STATE	ZIP CODE			
COUNTRY	TELEPHONE	FAX			

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Skjerven, Morrill, MacPherson, Franklin & Friel LLP 25 Metro Drive, Suite 700 San Jose, CA 95110 Tel. (408) 453-9200 Fax. (408) 453-7979	
Date:	Dec. 9, 1999
Name	Michael Shenker Reg. No. 34,250
Signature	<i>Michael Shenker</i>
Express Mail Label No.	EL 375514489 US